

Department of Social Services FMLA Quota Request Form

TO:	Agency Human Resources Section	DATE:	
FROM:			
(Supervisor's Name above)			
Employee Name:		Personnel #:	
Time Administrator Name:			

YEARLY ENTITLEMENT (12 month period)				CURRENT USAGE			
Begin Date: (mm/dd/yy)		End Date: (mm/dd/yy)		Begin Date: (mm/dd/yy)		End Date: (mm/dd/yy)	

Previous Usage During Current Yearly Entitlement? YES ☐ NO ☐

TYPE OF LEAVE TO BE USED:

YES NO

- CHECK ONE:** ☐ **FMLA SELF (LBFM)**
 Is leave Worker's Comp related also? (LDFM) ☐ ☐
- ☐ **FMLA FAMILY (LAFM)**
 Is Spouse also employed by the State? ☐ ☐
 If so, will quota be shared with spouse? ☐ ☐
- CHECK ONE:** ☐ Leave is **CONTINUOUS**
 ☐ Leave is **INTERMITTENT or REDUCED LEAVE SCHEDULE**

HOW DOES LEAVE MEET QUALIFICATIONS FOR FMLA? (Check all that apply)

- ☐ Birth (includes pre-natal care) or placement of child for adoption/foster care
- ☐ Serious Health Condition of Employee or Employee's Spouse/Child/Parent:
- ☐ Inpatient Care (overnight stay) in a hospital, hospice, or residential medical care facility.
- ☐ Incapacity of more than 3 consecutive, full calendar days and treatment 2 or more times by a health care provider; the 2 visits must occur w/in 30 days of incapacity with the first visit w/in 7 days of incapacity.
- ☐ Incapacity of more than 3 consecutive, full calendar days and treatment on at least 1 occasion by a health care provider w/in 7 days of incapacity, which results in a regimen of continuing treatment (example: prescription medication or therapy).
- ☐ Chronic Condition (asthma, diabetes, epilepsy, etc.) requiring at least 2 visits per year for treatment by a health care provider
- ☐ Permanent/Long-term Condition (Alzheimer's, a severe stroke or terminal stages of a disease, etc.).
- ☐ Multiple Treatments (chemotherapy or radiation, physical therapy, dialysis, etc.)
- ☐ OTHER (explain): _____
- ☐ Qualifying exigency leave (related to family member's active military duty/ impending call to active duty status in National Guard or Reserves)
- ☐ Military Caregiver Leave (related to next of kin's injury/illness sustained in line of duty; 26 weeks)

NOTE: Submit to HR along with applicable certification upon receipt.